The Special Attention of Physicians is Respectfully Invited to the R	emarks below, and to	List of Diseases on back or	
Bealth Department,	City of	Baltimore.	110
Permit No. 99452 Office of Registra	r of Wilat St	atistics. Ward	//
The Physician who attended any person in a last illness is resto the Undertaker or other person superintending the burish within requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAIN	ponsible for the present twenty-four hours and	Pation of this Certificate, accu- to the death of said deceased, PER CERTIFICATE.	or sooner, if
CERTIFICATE	OF D	EATH.	
	1887		
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	rgaret i	hu Meles	V
Sex, Male or Female, {Cross out the word not }			
Age, 3 8 Years,		hs,	Days.
Color, Colore			
Married, Single, Widow or Widower, {Cross out the wor	rds not }	· · · · · · · · · · · · · · · · · · ·	
Occupation,			
Birth Place, {State or country, and how long in the United States, if of foreign birth.	10	<b>V</b>	
Duration of Residence in the City of Baltimore	, 1990.	aro	
Place of Death, {Give Street and } 427	mary		
Cause of Death, { First (Primary), Such Second (Immediate),	uonary t	Consumpto	
Duration of Last Sickness, Library All the above information should be furnished by the Physician.	Lyen		
Place of Burial, and ben-			
Date of Burial, may 7- 1887-	Il 11	Much	
(Undertaker, Momadur	o, un	Medical Attendant	M. D.
Place of Business, 46 Each PA	adress, IS	Cachelles	e cliff

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the Re	marks below, and to L	ist of Diseases on back of this	Dura
Health	Department,		~~ .	-6
Permit No. 94133  The Physician who attended at to the Underraker or other person's requested so to do, under penalty of	Office of Registron  ny person in a last illness (with  uperintending the burial within	onsible for the pre-chr	tistics. Ward ward with of this Certificate, accurate death of said deceased, or	tely filled out, or sooner, if
CER	TIFICATE	OF D	EATH. G	2
Date of Death,	els	lay 5	Ta 1887	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names	the of	lingo	
Sex, Male or Female, Cross	of parents.	4		······
Age, / 3	Years,		, <i></i>	Days.
Color,		<i>C</i> .		
Married, Single, Widow of	r Widower, Cross out the word	ds not }	1/	
Occupation,		none		
Birth Place, State or country, and long in the United State of foreign birth.	d how states,	City		
Duration of Residence in	the City of Baltimore	, Lyde	ne	
Place of Death, Give Street an Number.	d}	11 Ha	ger's Ct.	
$\textit{Cause of Death}, egin{cases}  ext{First (Prisonant Second (I)} \ &  ext{Second (I)} \end{cases}$	mary),	anaem		arell.
Duration of Last Sicknes		y day	10	
Place of Burial Lans	el ben			
Date of Burial, Smo	y 6- 1087-	1/h	0	
( Undertaker, 10 )	madre	11.1.1	Geterolel	M. D.
Place of Business,	16 Earlor Ad	ldress, 722	2 ariqueta	SE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Meyartment, City of Office of Registrar of Vilal Statistics. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if No Permit for Burial can be Optained without a Proper Certificate. Date of Death, Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Age. Months. Days. Color. Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City Baltimore, Place of Death, {Give Street and } First (Primary) Cause of Death, Second (Immediate) Duration of Last Sickness, All the above information should be furnished by the Physician Place of Burial, elount Date of Burial, ... Undertaker, 2 M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

roadway

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his sotice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this City of Permit No. 99135 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, it responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burned within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death,\_ Full Name of Deceased, {Write logibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, { Cross out the word not } required in this line. } Age,... Months, Color, .... Married, Single, Widow or Widower, {Cross out the words not } Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Phys. Date of Burial, Undertaker, Place of Business, Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Co.
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certain Co.
Permit No. 99/156 Office of Register of Vice Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Cirial Whim Genty How hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, May 5th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 66 Years, Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Baker
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 35 years
Place of Death, {Give Street and } the was delle when a arriver, and from
Cause of Death, { First (Primary), What blearned of heart heart Second (Immediate), as he had pure Complained of heir in the
Duration of Last Sickness, Ohly a genominates  All the above information should be furnished by the Physician.
Place of Burial, St. alse homes Elm.
Date of Burial, Mean 7, 6 87
S Undertaker, G. Prama Medical Attendant.
Place of Business, Bunt & Wolf JAddress, 1835 6 Batta St

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physicians	is Respectfully Invited to the R	demarks below, and to	List of Diseases on back or	
Health	Department,	City of	Baltimore.	50
Permit No. 99/154	Office of Registra	r of Vilat 30	ctistics. Ward	20
The Physician who attended a to the Undertaker or other person s requested so to do, under penalty of	ny person in a last il hess, is resuperintending the burial, will law.  T FOR BURIAL CAN BE OBTAIN	ponsible for the present the present four bails after the present of the present	tation of this Certificate, accept the death of said decease	curately filled out ed, or sooner, i
CER	ŢIFICATE	OF D	EATH.	
Date of Death,	may 6 h	1886		
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	ant of Las	ura 4 John Pa	ttersere
Sex, Male or Female, { required to require the second seco	s out the word not }			
Age,	Years,	- Month	s, 15 minute	Days.
Color,	100	lored		
Married, Single, Widow o	r Widower, Cross out the wor	rds not }		
Occupation,				/
Birth Place, State or country, an long in the United if of foreign birth.	d how States, & Ba	llimor	0	
Duration of Residence in	the City of Baltimore	9,	1/	
Place of Death, {Give Street an Number.	a} 904 Lill	e Pine	RI-	
$ extit{Cause of Death}, egin{cases}  ext{First (Prince)} \  ext{Second (I)} \end{cases}$	imary), Immediate), AoLi	herria		
Duration of Last Sicknes				
Place of Burial, W. Tu	eble Cemelo	my 1		
Date of Burial, May	6th 1884)	James	Allena	7 M.D
( Undertaker, Secre	e Cemown	0		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Departmen	it, City of Baltimore.
Permit No. 99638 Office of Regist	of vital statics. Ward 12
The Physician who attended any person in a last illnes to the Undertaker or other person superintending the burial, we requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OF	s responsible or the superentation of this Certificate, accurately filled out, within the sty-your hours after the death of said deceased, or sooner, if
NO PERMIT FOR BURIAL CAN BROWN	TIMORETHING
CERTIFICAT	_
	m 5 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Catherine Jeannelle Likes
Sex, Male or Female, {Cross out the word not }	
Age, 26 Years,	Months, Days.
Color,	
Married, Single, Widow or Widower, {Cross out the required in	ne words not }
Occupation,	none
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Encho V
T 4 D	nore,
Place of Death, {Give Street and } 567	Doephin st
Place of Death, {Give Street and } Second (Immediate),	uberculosis of Lurys
All the above information should be furnished by the Physician.	il months
Place of Burial, Ballimore Com	2
Date of Burial, May	Mushon
Undertaker, Starten Cott Blygoral Place of Business 1/35 Pen ever	Medical Attendant.
Place of Business //35 Pen eve	Address, 412 W Riddle Sh

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to	List of Diseases on back of	this Certificate
	Department,	City of	Baltimore.	100
	Office of Registra			18 7
The Physician who attended as to the Under aker or other person's requested so to do, under penalty of No Permit	ny person in a last illness, is resp uperintending the burial, within law. F FOR BURIAL CAN BE OBTAIN			curately filled out ed, or sooner, i
	TIFICATE	OFED	EATH.	a
Date of Death,	Near	y 4 1/2	1887	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	n PEr	Kmsy	N
Sex, Male or Female, { cross required:	out the word not }		/	
Age,	Years, —	Monte	hs, [	Days.
Color,	st	nte	1/	
Markied, Single, Willow of	Widewer, {Cross out the word required in this lin	ls not }	V	
	Coal	0	ler	
Birth Place, State or country, and long in the United State of foreign birth.	l how states,}	me		
Duration of Residence in	the City of Baltimore,		4 years	
$Place \ of \ Death, \{^{ ext{Give Street and Number.}}$				
First (Pri	mary), Valvu	ear S	isearo o	The
Cause of Death, $\left\{egin{array}{l}  ext{Second (I)} \end{array} ight.$	mary), Valvu	A		
Duration of Last Sicknes. All the above information should be for		yeur	J	
Place of Burial, St/E	ters Cometery			
Date of Burial, Tyay	1 1887 DE	= 1 ~ 1	Michre	~
(Undertaker, 17 Co	dogan	dus .	Medical Attenday	areM. D.
Place of Business, 22	7 Mulberrad	west 707	W En	Em S

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within any-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

The Physician who attended any person in adast illness, is responsible for the proto the Undertaker or other person superintending the barral within twenty-four hours to the under penalty of law. entation of this Certificate, accura fter the death of said deceased, or requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A Date of Death,... Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Mae or Female, (Cross out the word not) required in this line. Months. Years, Age,White Color; Married, Single, Widow or Widower, Cross out the words not pregulated in this line. Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore. Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should Place of Burial, Celar Date of Burial, May 7 4 Undertaker, Quelius Place of Business, Marfor Cross Address Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further emacted and ordained. That whenever any person shall distin the said city, inchall be the duty of the Physician who attended during his or her last success, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certaincate setting forth as far as the same can be ascertained, the full mame, sex, age, and condition (whether married or single) of the person deceased, and the cause

and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Days.

[OVER.]

Mepartment, City of

The state of the s
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 9966/ Office of Registrar of Vital Statistics
The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or appear, i requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Peoper Certificate
CERTIFICATE OF DEATH.
Date of Death, May 5 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Famale, {Cross out the word not } required in this line.}
Age. 74 Years Months Day
color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Marine, Engineer
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 155- 0.71, ) Thurtyoning
Cause of Death, First (Primary),
Duration of Last Sickness,  Second (Immediate),  Duration of Last Sickness,  5-8-29
Place of Burial, and Pasta
Date of Burial May 8 1887
Date of Rumal VIII of IX

Noble

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker, Chings hong

Place of Business,